

CENTRON SECURITY SERVICES

Daily Security Report

									[]	·						Date			$\overline{}$	
Client No. 2036 Client	Name O. H	/ <u> </u>	mef	9/5					Location	002		05 W	reco	5	5t,	Date	<u> </u>	18	2	
Facility Detex Clock Weapon Equipment	H	olster	Nightstick	-	Raiscoat J L	1	lashlight /		Other &	Ate	آ نح	TIA	· les	1	eu	5,				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse	Officer-	Day Shift	(Name)	Ϋ́			24	Swing St	nel véchto				Officer Grave Shift (Nam			2 Jagun				
side and attach incident reports.	Shift Began	4	AMAM	Ended	y	AM EM	Shift Began		4 AME	₩ £naec	1	120	1 '		12	Œ M	Ended	8	AN-PM	
Observations or actions taken	Yes	No		Explanatio	on		Yes	No			lanation		Ye				Explanatio	1		
Rounds or stations missed		/						w			•			L	1					
Unlocked doors, gates or windows		V						V		-	<u> </u>			4						
Unlocked vaults or safes		~						V	,					L						
Fire-smoke-or hazards		V			-			V				<u> </u>		-						
Extinguishers missing or defective		V						V						L						
2. Sprinkler system defective		V						V						L						
3. Fire doors or exits blocked		1						V						٤					•	
4. Rubbish accumulation		V						1						L						
5. Motors running						·		V						Ċ						
6. Lights left burning		V					1		AS	10	9.4	11100	1	L						
Injury hazards		/						V	,					L						
Visitors				•				U						۵	_				}	
Trespassing		~						V						L						
Violation of company rules					1			V						٤						
Remarks				· · · · · · · · · · · · · · · · · · ·																
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IMPORTANT: If you were ill or injured p	please exp	lain on t	he reverse side	of this for	rm and call	your su	pervisor	before le	aving this	post.										
Were you injured during this tour?	Day Shift Yes No	1. Yes	No	Yes	No	3. Swing Yes	Shift (Ng)	1. Yes	No	2 Yes	No 3	Grave Sh		Yes	No 2	Yes	3. No			
2. Did you suffer any illness?			Yes (ND)	Yes	No ·	Yes	No	Yes	NS	Yes	No	Yes	No	Yes	(B)	Yes	No	Yes	No	
3. Have you reported all accidents coming to	Yes No	Yes	No	Yes	No	(es)	No	Yes	No .	Yes	No	(Veg)	No	Yes	No	Yes	No			
Och Planned - 12	Day Shift	lem-	.II	J. Fr	0	Swing 1		\sim \sim	29	lech	5	Grave St		77.	- Die	2 /	Pour			
		ignatures	_				7	2						2.	<u> </u>	710				
Signatures 3.								3					-	3.		1	438	770		
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